

SCHOOL HEALTH ADVISORY COUNCIL GUIDE

Missouri Coordinated School Health Coalition

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Introduction

Research clearly shows that a healthy, physically active child is more likely to be academically motivated, alert and successful in school, and is more likely to establish habits that will foster good health throughout life.

With access to our state's children and a strong community link, the school is the most effective setting to increase knowledge, form attitudes and develop behaviors that impact long-term health. While most young people practice healthy behaviors, the Youth Risk Behavior Surveillance Survey of ninth through 12th grade students conducted by the Missouri Department of Elementary and Secondary Education indicates that some Missouri high school students are practicing behaviors that put them at risk of death, disability or could potentially reduce their quality of life.

Congress emphasized the opportunity afforded by our nation's schools when it urged the Centers for Disease Control and Prevention to provide for "the establishment of a comprehensive approach to health education in the school setting." In Missouri, concern for the health of children and youth has led to a variety of actions by the general assembly such as the School Children's Health Services grants administered by the Department of Health and the Safe Schools grants administered by the Department of Elementary and Secondary Education. The State Board of Education made a commitment to the health and well-being of Missouri's students by including health and physical education as content areas in the school improvement initiatives mandated by the Outstanding Schools Act.

Impacting long-term health risks is not a simple task relegated exclusively to schools. Planning and implementing activities directed toward child and adolescent health needs, as well as school employees, requires that many people be involved. Collaborative efforts among family, community and schools are the most effective approaches for both prevention and intervention.

Realizing that effective school health programs go beyond the classroom, a coordinated model for school health includes the following eight components:

1. Physical education
2. Comprehensive health instruction
3. School health services
4. School nutrition services
5. Worksite wellness program for faculty and staff
6. Safe and healthy environment
7. Integrated school, community and parent involvement
8. Counseling and guidance services

A School Health Advisory Council can assist a school district in the promotion and protection of student and employee health. Involving parents and other community members on a School Health Advisory Council enables the school to use valuable community resources.

This manual is designed to help school district personnel and interested community members who are seeking information and direction on the development and operation of a School Health Advisory Council.

A School Health Advisory Council (SHAC) is an on-going advisory group composed primarily of individuals selected from segments of the community. The group acts collectively in providing advice to the school district about aspects of the school health program. Generally, the members of a SHAC are appointed by the school district to advise the school district. Most often, SHACs are advisory to an entire school district, but a SHAC may also be useful for an individual school desiring their own advisory council.

Role of School Health Advisory Councils

A SHAC has a variety of roles, depending on how the school district uses it. Some SHACs are designed to address issues around health instruction alone while others address all components of a coordinated school health program (health instruction, healthful school environment, health services, physical education, school counseling, food service, school site health promotion for faculty and staff, and integrated school and community programs). Some common roles that are assigned to SHACs include (but are not limited to) the following:

Program planning

SHACs ensure that professionals who directly influence student health convene regularly to learn what their colleagues are doing, share teaching strategies, solve problems and plan synergistic activities; participate in curriculum development and adaptation; provide a forum for discussion of health issues; facilitate innovation in health education; provide professional development training programs.

Advocacy

SHACs provide visibility for school health within the school district and community; ensure that sufficient resources are allocated to school health; intervene when individuals from within or without the school seek to eliminate or unfavorably alter the school health program; facilitate understanding of schools and community segments; engage representatives from the local business, media, religious, juvenile justice and medical communities to serve as a buffer against threats to programs and provide resources and linkage opportunities.

Fiscal planning

SHACs assist in determining how much funding is required to conduct the school health program; integrate the various funding sources for school health programs; raise funds for local programs and prepare grant applications.

Liaison with district and state agencies

SHACs work with agency personnel in the areas of curriculum development, allocation of school nurse time, development of food service programs, distribution of federal or state funds and policy making.

Direct intervention

SHACs initiate policy related to smoking and alcohol use and the sale of nutritious foods at schools; organize school wide activities like health fairs and health promotion activities.

Evaluation, accountability and quality control

SHACs ensure that school health funds are spent appropriately, that food service programs offer healthy menus and that health related activities are conducted; conduct focus groups with parents, teachers, administrators and students; examine existing school services relative to need; assess the physical and psychological environment of the school.

It is important to emphasize that advisory councils are formed to provide advice. These groups do not become part of the administrative structure of the schools, nor do they have any legal responsibilities within the school district.

Developing a School Health Advisory Council

Community members serving on a school health advisory council increase awareness of and support for a coordinated school health program. Rather than creating a new and possibly duplicative body, existing councils and networks may serve as the basis for the school health advisory council. For example, a Safe and Drug-Free School and Community Committee may be expanded to address all areas of a coordinated school health program.

If your school district does not already have a SHAC, here are some steps for how to begin one:

1. Review any established school district procedures for advisory councils.
2. Prepare a brief proposal on the formation of a SHAC.
3. Gain support of the school district.
4. Hold an initial meeting to determine interest in serving on the SHAC.
5. Develop the membership list.
6. Adopt by-laws and elect officers.
7. Conduct training for members.
8. Conduct a needs assessment.
9. Develop task and project plans based upon needs assessment,
10. Establish a mechanism for regular reporting to school district and community.

Qualities of School Health Advisory Council Members

Most importantly, SHAC members are committed to quality school health programs for the children of their community. Other criteria should include:

- Demonstrated interest in youth. Individuals who work with scouts, church youth groups, human service agencies, school events, other advisory groups, environmental concern groups, civic clubs, PTAs or business projects are good candidates for SHAC membership. They often have a good understanding of the needs of children.
- Awareness of the community. When members have a general understanding of the cultural, political, geographic and economic structure of the community, goals are more easily reached. Some individuals are significant decision-makers and potentially valuable members because they are familiar with these community aspects and are known by other community segments. However, a new person in the community may bring previous valuable experience without the potential of being weighted down by barriers seen by others.
- Professional ability. Individuals with professional training in a youth-related discipline are obvious potential members, as are those employed in human service agencies. However, training and agency affiliation does not predict the value of the individual to SHAC activities. While some SHACs want professional staff representatives from selected agencies, a more useful approach might be to choose individuals rather than agencies.
- Willingness to devote time. No matter what the person's qualifications and interest in youth, if she or he will not attend meetings and participate in the work of the SHAC, it is usually better not to have that person as a member. Before appointing a member, it is best to discuss the time commitment to determine his or her willingness to make time for the SHAC. The occasional exception to this would be the influential and cooperative individual whose membership on the SHAC adds to its credibility.
- Representative of the population. Every community has population segments that are important

in the overall functioning of the community. To increase the likelihood of having a SHAC that actually represents the community, it is important to consider age, sex, race, income, geography, politics, ethnicity, profession and religion when selecting members. Representation of as many segments of the community as possible can enrich the level of discussion and acceptance of proposed activities. Additionally, such comprehensive representation can make the SHAC a more credible and widely known body. One of the most serious problems for some SHACs is that their members do not reflect the views of the community.

- Credibility of individuals. School districts should appoint to SHACs individuals who are respected by those who know them. Individual characteristics, such as honesty, trustworthiness, dependability, commitment, and ethics, all contribute to the character of the SHAC. The credibility of the SHAC is enhanced considerably by the personal characteristics of its members.

Suggested SHAC members might include:

- parents
- students
- medical professionals
- attorneys
- law enforcement officials
- government officials
- recreation professionals
- other interested citizens

And/or representatives from:

- social service agencies
- business/industry
- volunteer health agencies
- churches/synagogues
- hospitals/clinics
- public health agencies
- civic and service organizations
- colleges/universities
- schools
- youth groups
- professional societies

Selection of Membe

Most SHACs obtain members through one of three methods:

1. Appointment

Some SHACs consist of individuals who are appointed by school board members to represent them in planning and implementing school health programs. These SHACs generally are reflective of the views of the school board members.

2. Election

Some SHACs consist of individuals who are elected by citizens, school board members or administrators. These SHACs are often reflective of the views of the group who elected them.

3. Volunteer

Some SHACs consist of individuals who volunteer to serve on the SHAC. These SHACs are most often reflective of the diverse views of the community since many segments have the opportunity to serve.

Regardless of what procedure is used to acquire new members, some common steps should be taken.

- 1. Membership categories and SHAC size should be determined. SHACs typically have 11 - 19 members.**
- 2. A diverse group of three to five concerned individuals should be used to identify potential members for each membership category.**
- 3. New members should be assigned term lengths of one, two or three years to maintain a balance of term lengths on the SHAC. This will protect the stability and develop consistency in operations of the SHAC.**
- 4. The SHAC purpose, its general operation, current membership and the time commitment for members should be briefly explained to each identified potential member.**
- 5. Final decisions for membership should be made and confirmed with the designated school district contact person.**
- 6. Appointment letters should be sent to new members from the superintendent and/or the school board. The appointment letters should indicate how much the school district values a person's willingness to participate in the SHAC. The content of the letter should also refer to the name of the SHAC, its purpose, terms of appointment, frequency of meetings, name of the school district contact person and SHAC chairperson, if appropriate. Finally the letter should inform the person about the next communication for getting started with the SHAC.**

School Health Advisory Council Operations

By-laws

SHACs should have written by-laws to guide their work. By-laws clarify purpose, structure and operational procedures. The potential for confusion among members is reduced when by-laws provide written guidelines for carrying out the business of the SHAC. The following are suggestions for what should be included in the by-laws.

1. Name and purpose of the SHAC

The name is likely to be straightforward, simply incorporating the school district's name (i.e. Hill County School Health Advisory Council). The purpose statement should reflect the advisory nature of the SHAC and the definition of school health. For example, some SHACs define school health as K-12 classroom health instruction while other SHACs include any aspect of health instruction, health services and health environment. Still others use a broader definition that includes these three as well as health counseling, physical education, food services, staff health promotion and community/school relations.

2. Membership

The composition of the SHAC should be described in terms of the number of members, community sectors to be represented, terms of appointment, voting rights, termination, resignation, selection method, attendance and criteria for eligibility.

3. Meetings

Frequency, date and location of meetings, as well as procedure for setting the agenda, for notification of meetings and for distribution of agenda and minutes should be stated. It should be specified that Robert's Rules of Order or an equivalent should govern the conduct of each meeting. (SHAC meetings are subject to open meeting laws.)

4. Officers

Titles and responsibilities of officers, their terms, as well as a brief description of the election, removal and resignation processes should be indicated. Generally, officers include chair or co-chairs, vice-chair, secretary, and perhaps treasurer.

5. Voting procedures

The voting process and the quorum to be used at regular meetings should be described.

6. Committees

The name of any standing committee and a brief description of its functions and membership should be included. The process for formation of special committees should be described.

7. Communications

The reporting procedures to be used by the SHAC for internal and external communication should be clearly stated. The method for determining the agenda, the identification of the school personnel or group receiving reports from the SHAC, any regular procedure for informing the community about SHAC activities, and the identification of a central location for records of past and current SHAC activities should be designated.

8. Amendments

The procedure to be used for making amendments to the by-laws should be indicated. The by-laws should be approved by charter members if possible, dated, and copies should be made available to all new members and appropriate school personnel.

School Health Advisory Council Operations

Statement of Philosophy

Some SHACs have written statements of their philosophy on coordinated school health programs. This serves to clarify the SHACs collective view on what school health should be. It offers the SHAC a framework to refer back to when making policy decisions. SHAC members can ask themselves: Does this new policy fit into our philosophy of school health? An example of a statement of philosophy follows.

Statement of philosophy.

The primary function of a school is to provide students with the learning experience necessary for maximum intellectual development. The success of this process is limited by the child's emotional, social and physical health. For this reason, the purpose of a coordinated school health program is twofold: First, to consider the total human being in the educational process, and second, to motivate students to help themselves and others to live healthy, productive lives.

Writing a statement of philosophy can be a challenge. Professional assistance is available at local, state and national levels through organizations that have made commitments to coordinated school health programs. The following steps can help make the process easier.

- Request that every SHAC member answer the following questions in her or his own words: What is a coordinated school health program? What do we want our coordinated school health program to achieve?
- One person should compile responses and draft the philosophical statement.
- The SHAC should review the draft and formulate a revised draft.
- The revised philosophical statement should be presented to the school board and the Superintendent for their approval.

Strategic Plans

Another common strategy used by SHACs to guide their work is to develop a strategic plan. The SHACs mission statement, goals and objectives are a part of the plan. This plan should be for a determined amount of time, perhaps for a single school year. The strategic plan should be revised as needed.

Mission

A SHAC may first develop its mission. The mission states the ideal outcome of the SHACs work. It should be compatible with the mission of the school district. An example of a mission statement follows:

Mission.

The school district will provide a coordinated school health program for all children, grades K- 12. This program will reflect current health issues focusing on the special needs of the local community.

Goals

Goals are what the SHAC must achieve if it is to accomplish its mission. An example of a goal statement follows:

Goal.

To provide students with the knowledge and skills that enable them to adopt and maintain healthy attitudes and behaviors throughout their lives.

Objectives

Objectives are the detailed descriptions of the specific actions required to achieve specific results. Objectives should be measurable so that it will be obvious when they are accomplished. An example of a measurable objective follows:

Objective.

By January 1, 2000, 75 percent of all elementary school teachers will implement a grade-appropriate health education curriculum.

School Health Advisory Council Meetings

The majority of a SHAC's work is completed during meetings. Therefore, it is essential that meetings are effective. To ensure that meetings are well organized and goal-directed, the following factors should be given consideration.

- Regular meeting schedule. An annual calendar of dates, times and locations for regular meetings should be established. It is helpful if there is a pattern to meeting dates, such as every three months. Some SHACs meet in the schools to help members become more familiar with the school environment. Any responsibility for food costs and transportation should be made clear at the beginning of the year.
- Agenda. Members should receive a tentative agenda with a request for suggested agenda topics approximately one to two weeks before a meeting. Suggestions should be returned at least one week in advance of the meeting for incorporation into the agenda. Members should easily understand the agenda, and action items should be designated separately from information items and discussion only items. Minutes of the previous meeting should accompany the mailed tentative agenda. Here is an example of how an agenda could be structured: 15 minutes for refreshments and socializing, 10 minutes for review and acceptance of minutes of last meeting and review of agenda, 15 minutes for report from school personnel on programs and activities, 30 minutes for discussion of future projects, 15 minutes for reviewing and voting on action items, 15 minutes for presentation of items to be voted on at next

meeting, and 15 minutes for review of meeting and setting next agenda.

- Phone communication. A phone tree should be established to communicate quickly on activities and for inclement weather. Also, a central phone number should be designated for information.
- Punctuality. Meetings should start and end on time. **Waiting for others before starting a meeting or allowing discussion to drift past a specific time will enable the continuation of these behaviors.**
- Environment and atmosphere. The meeting should be held in a physically comfortable room with seating that allows members to easily see and hear each other. U-shaped or semi-circular seating arrangements work well. All members should be involved in discussions and positively acknowledged for their contributions. Periodically, discussion should be summarized for the group. A member should be designated to keep a written record of discussion topics, major ideas and decisions.
- Follow-up. All tasks requiring follow-up or completion should be assigned to a SHAC member before moving on to a new topic. Time should be allocated at the end of the meeting to determine the tentative agenda for the next meeting.
- Other suggestions. Each meeting should add to the members' understanding of coordinated school health.

Self-Assessment for School Health Advisory Councils

It is important for a SHAC to periodically assess how well it works. SHAC members should ask themselves whether the SHAC does what it is supposed to, and if so, for whom and to what extent. By answering these questions honestly, the SHAC will be able to serve its school district more effectively. To help evaluate effectiveness of the SHAC, the following questions should be considered.

- Does the SHAC regularly generate sound advice and activities to support the coordinated school health program?
- Do schools and the community recognize the SHAC as a valuable asset in promoting the health of students and school personnel?
- Are established procedures for implementing goals of the SHAC understood by members?
- Is membership representative of key segments of the community?
- Is an elected chairperson providing positive and productive leadership?
- Are members willing to make the necessary time commitment to support the school health program?
- Do members participate in and review school health program activities?

- Are regular meetings, with attendance by most members, occurring!

Another tool for evaluating SHAC functioning is the following checklist. An effective SHAC should be able to answer "yes" to each of the following questions.

- ☐ 1. Is there a mission statement, along with written goals and objectives?
- ☐ 2. Have SHAC activities developed community understanding of the school health program?
- ☐ 3. Are meetings conducted in an impartial, parliamentary manner allowing all members to express opinions?
- ☐ 4. Are SHAC members presented the facts and consulted when changes are made in the school health program?
- ☐ 5. Are membership rosters current and updated?
- ☐ 6. When appropriate, does the SHAC encourage school administrators to meet with the council or individual members on selected issues?
- ☐ 7. Does the council address all eight components of a Coordinated School Health Program?

Conclusion

Although all SHACs are similar in their general purpose and function, no two SHACs are alike. After all, SHACs are comprised of people with their own characters and personalities. This is perhaps the most important element of SHACs because it ensures that their recommendations are reflective of the individual needs and values of the community. SHACs are designed and intended to provide a voice to the community about important school health issues. However, unless citizens use this opportunity to make their voice heard, SHACs do not work. Therefore, it is essential that every concerned citizen and agency remember their obligation to their SHAC, their school district, and most importantly, their community's children.

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TOOLS

A set of sample tools is provided to carry out necessary actions. The advisory council should modify and tailor the tools as needed.

- Organizational Structure of a Coordinated School Health Advisory Council
- Invitation to Join the School Health Advisory Council
- **Thank You** Letter for Joining the School Health Advisory Council
- Coordinated School Health Advisory Council Roster
- Membership Grid
- Letter to Families
- Coordinated School Health Program Assessment



Organizational Structure of a Coordinated School Health Advisory Council

School health advisory councils can be organized into a variety of structures, and they interact with the school district in different ways. School districts must decide early on, and review periodically, how the school health advisory council will provide advice to them. The school health advisory council structure and communication links with the school district and community should be outlined clearly for all participants. Similarly, school health advisory council members may suggest modifications based upon their experience to enhance the working relationship. As the school district and school health advisory council gain experience, it is likely that changes will be needed to facilitate the school health advisory council's purpose.

While many configurations are possible, three common structures will be presented here. The first, shown in

Figure 1, appears to be very simple and easily understood, conceptually. In this structure, the school health advisory council membership comes from community groups such as PTAs, voluntary health agencies, etc. The school superintendent and school health administrator are also members. The school health advisory council is appointed by the school board and reports to the school board. Some advantages of this structure are the communication link with the school board, the involvement of two key school personnel in school health advisory council activities, and representation from a wide variety of community segments. Potential disadvantages include the danger of domination by the school personnel and low interest levels from members who represent their agencies rather than have personal interests in youth.

Figure 1

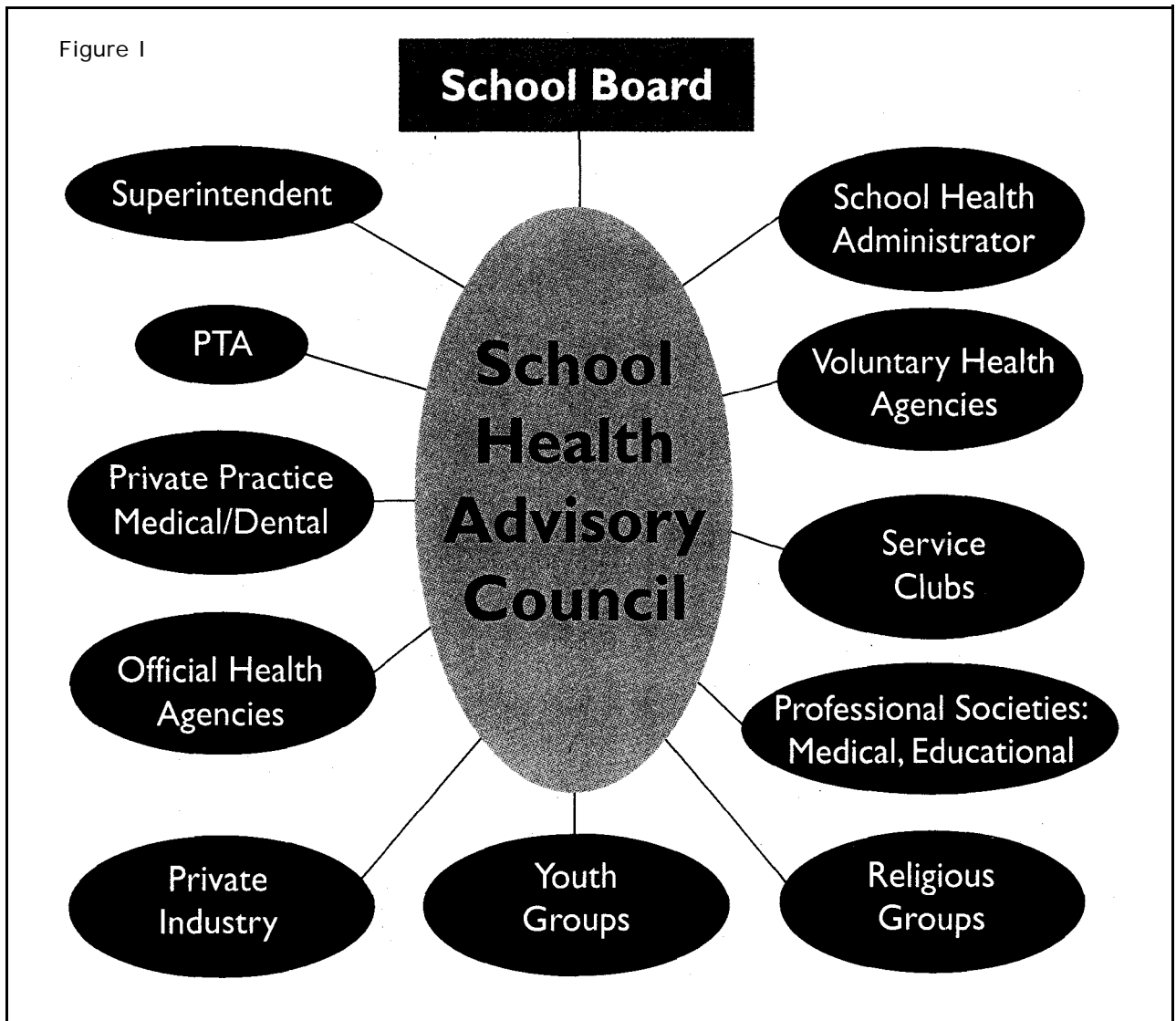
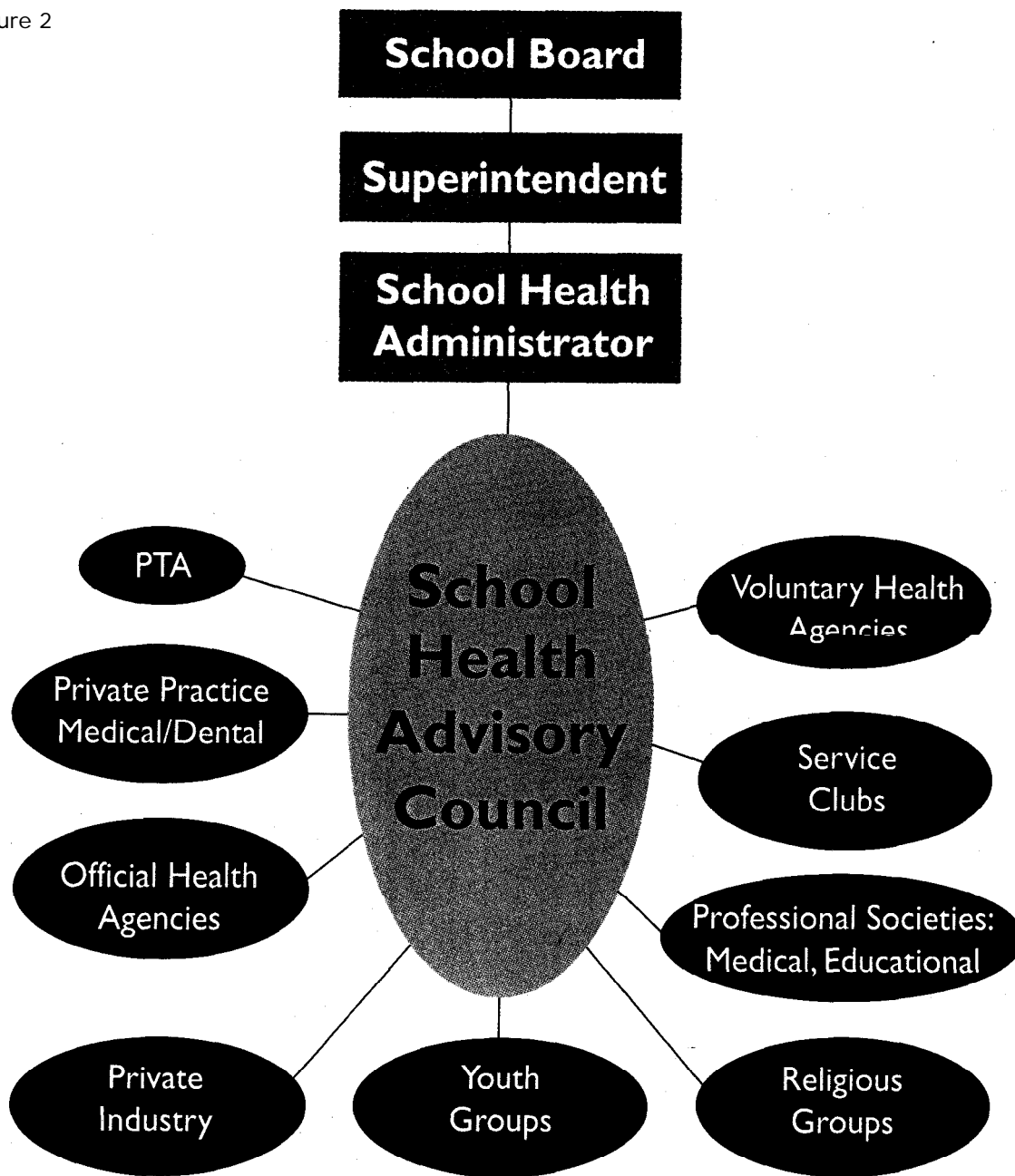


Figure 2 illustrates a very common arrangement in which the school health advisory council reports to a school health administrator who reports directly or indirectly to the superintendent who reports to the school board. The school health advisory council would have an elected chairperson and appointed members. One advantage for this structure is that the school health advisory council may operate more indepen-

dently than the one in Figure 1. A disadvantage might be the filtering or amplifying of any reports as they move up the administrative ladder. This organization also potentially puts more distance between the school health advisory council and the school board. However, the structure allows for the orderly flow of advice from the school health advisory council to designated persons in the school district.

Figure 2



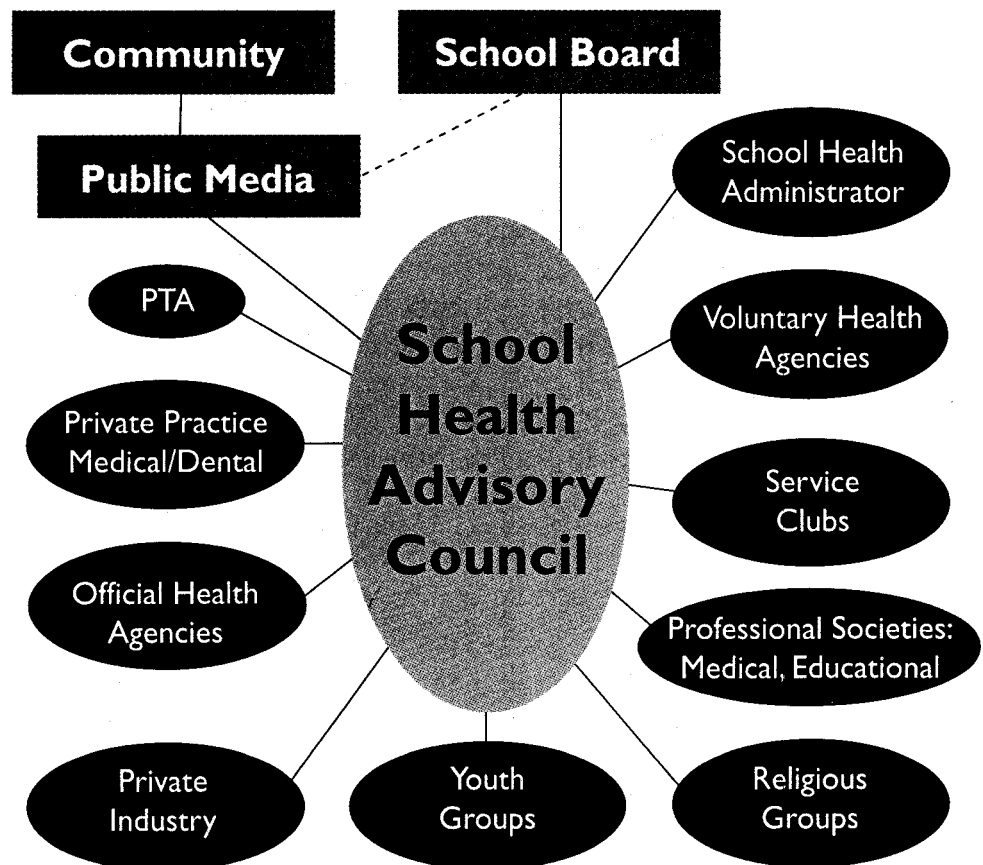
The configuration presented in Figure 3 deals with the element of communication about school health advisory council activities to the community. In this design, the school health advisory council reports its activities to the media (usually city or county newspaper) at the same time it sends reports to the school board. Given the purposes of school health advisory councils, a more appropriate strategy would be to have information transmitted to the media only after the school district has reviewed and commented. Many school health advisory councils include a media professional within their membership and encourage publicity through that person's access to the public.

As might be expected, there are other ways of organizing the school health advisory council structure. For example, some school districts use a small executive advisory committee to determine needs for the year. After deciding upon project priorities, the group then identifies individuals to work on each project. All of these individuals working on projects are viewed collectively as the school health advisory council. Although this approach may be effective in getting projects completed, it has the potential

of failing to focus on a more comprehensive view of school health. Members may come and go without being exposed to a broader view of school health.

The school district will need to choose how the school health advisory council will be organized and how the school health advisory council and school district will communicate with each other. This decision likely will reflect certain philosophical views of key school personnel. For example, school health coordinators and superintendents will vary in how they view advice from community members, the degree of their intended personal involvement, perceptions about the importance of school health programs, and the role of media persons. These variables help explain why a school health advisory council structure might work very well in one school district but not in another. Therefore, care should be taken in determining the best structure and communications option for each school health advisory council. Similarly, existing school health advisory councils might want to consider reorganization to create a more realistic and practical structure that fits better within the school district.

Figure 3



Invitation to Join the School Health Advisory Council

Date

Name

Job Title

Agency/Organization

Address

City, State, Zip Code

Dear Name:

Children and youth who begin each day as healthy individuals, can *learn more* effectively and are more likely to complete their formal education. Responsibility *for* the physical, *emotional social*, mental and intellectual health *of our* youth belongs to their families and the entire *community. Effective Coordinated* School Health Programs can contribute to helping young people avoid health *risks by increasing* their skills *to* make responsible choices about behaviors that can *affect* their health.

The () school district *is* establishing an advisory council to advise the school board and Dr. (), () school district superintendent, on developing a coordinated school health program. The advisory council will advise and support the school's efforts to assess their needs and to design programs to help children develop the knowledge, skills, and attitudes they need to *become healthy, productive* citizens.

As *someo ne int eres ted in the welfare of our children, you are invited to join the district's advisory council.* The advisory council will include parents, *students, teachers*, school administrators, voluntary organizations, business representatives, health *professionals and other* interested, concerned citizens.

We hope that you can *attend an organizational* meeting on (day) at (time) at (location) to consider ways for addressing the *health needs of our community's* youth. (Name) will call you next week to discuss participation and answer any *questions you may have.* If you wish to speak to someone before that time, call (phone number).

We look forward to working with you to *promote better health among our district's students.*

Sincerely,

Name, Job Title

Agency/Organization

Thank You Letter for Joining the School Health Advisory Council

Date

Name

Job Title

Agency/Organization

Address

City, State, Zip Code

Dear Name:

Thank you for accepting the invitation to be a member of the School Health Advisory Council. This will be an exciting opportunity to improve the overall health of our children and our community. I am sure the team that has been assembled will meet the challenge.

Our first meeting has been scheduled for (date, time, and place). Snacks will be provided, and it should not last for more than two hours. At the meeting, the council will discuss strategies for bringing the project to the public and how to best involve the community. The council will also be setting the schedule for future meetings. Please bring your calendar to schedule these.

I look forward to seeing you at the meeting. If you have additional questions, please contact me at (phone number) at your convenience.

Sincerely,

Name

Job Title

Agency/Organization

Coordinated School Health Advisory Council Roster

Instructions: Distribute this worksheet to gather member information. Once this worksheet is completed, phone numbers and addresses should be compiled in an orderly manner. Copies of the roster and the membership grid should be provided to all advisory council members.

Name: _____

Address: _____

Telephone number: _____

Days and times available: _____

Comments: _____

Membership Grid

MEMBER'S NAME & ROLE		
(example) John Smith, Co-Chair		
	X	School Age Child
		Medically Fragile Child
		Special Education Child
		PTA Representative
		Middle School
		Junior High School
		High School
	X	Physician
		Dentistry
		Mental Health
		Public Health
		Other Health Professions
		Civic Group
		Religious Group
		Human Services
		Youth Services
		School Nurse
		Health Teacher
		Other Teacher
		School Administrator
		School Counselor
		Food Service
		Other (please note)
		Business
		Government Officials
		Other Professionals (e.g. public media, attorney, law enforcement officials, etc.)

Letter to Families

Date

Dear Parent or Guardian:

Children and youth who begin each day as healthy individuals, can learn more effectively and are more likely to complete their formal education. Improving the health of our children and making them ready to learn is a concern for us all — parents, schools and the community. The () school district is developing a Coordinated School Health Program for our schools. This type of program is designed to help children develop the knowledge, skills, and attitudes they need to become healthy, productive citizens. Without the support and cooperation of families this approach cannot work.

We invite you to attend a meeting at (date, place) to learn about and comment on our plans. The meeting will begin promptly at (time) and end no later than (time). Child care will be provided.

We look forward to seeing you at the meeting. Please feel free to call (phone number) if you have any questions or concerns.

Sincerely,

Name

Title

Agency/Organization

Coordinated School Health Program Assessment



Reviewer Name: _____

School Name: _____

Town: _____

Date: _____

1. Grade levels in your building: _____

2 Enrollment:

- ☐ 1-250
☐ 251-500
☐ 501-1000
☐ 1001-2000

Component I: School Health Instruction

Consists of a planned, sequential, pre-K- 12 curriculum that addresses the physical, mental, emotional and social dimensions of health. (e.g. nutrition, prevention of alcohol/drug use, injury prevention/safety, personal health and fitness, disease prevention and control, etc.)

3. How does your school/district implement health instruction? Check all that apply.

Elementary

- ☐ health is a separate subject
☐ integrated into science
☐ integrated into physical education
☐ other (please describe) _____

Middle School/Jr. High

- ☐ health is a separate subject
☐ integrated into science
☐ integrated into physical education
☐ integrated into family & consumer science
☐ other (please describe) _____

High School

- ☐ health is a separate subject
☐ integrated into science
☐ integrated into physical education
☐ integrated into family & consumer science
☐ other (please describe) _____

4. Does your school/district implement a written health curriculum for any of these grade levels?

☐ No, we do not have a written health curriculum.

☐ Yes, check all that apply:

☐ K-3 ☐ 4-6 ☐ 7-9 ☐ 10-12

5. Do you evaluate the effectiveness of your school/district's health curriculum?

Changes in knowledge: ☐ Yes ☐ No

Changes in attitude: ☐ Yes ☐ No

Changes in behavior: ☐ Yes ☐ No

6. Does your school/district have requirements for the length of time that health instruction must be provided?

☐ No ☐ Yes

Grade: _____

Amount of time: _____

☐ Elementary hours/semester

☐ Middle School/Jr. High hours/semester

☐ Sr. High School hours/semester

7. Does your school/district require a health education course that must be successfully completed before students graduate from high school?

☐ No ☐ Yes

In what grade(s)? _____

8. Does your school/district have a designated budget for health instruction materials and resources?

☐ No ☐ Yes

(Annual amount \$ _____)



9. In your school/district, who is primarily responsible for health instruction? Check all that apply.

- ☐ School nurse
- ☐ Classroom teacher
- ☐ Physical Education teacher
- ☐ Health educator
- ☐ Science teacher
- ☐ Family & Consumer Science teacher
- ☐ Community health nurse
- ☐ Other _____

10. Does your school/district have a budget for in-service health education training for teachers/school personnel?

- ☐ No ☐ Yes

(Annual amount \$ _____)

Component 2: School Health Services

Focuses on prevention and early intervention, including the provision of emergency care, primary care, access and referral to community health services, and management of chronic health conditions. Services are provided to students as individuals and in groups. (e.g. immunizations, management of *asthmatics/diabetics*, fluoride dental rinse programs, vision and hearing screening, etc.)

11. Is (are) a school nurse(s) employed by the school/district?

- ☐ No
- ☐ Yes, how many hours of health services are provided in your building(s)?
 _____ per day _____ per week _____ per month

12. What is the school nurse/student ratio in your building(s)? _____

13. Do you have a Policy and Procedure Manual that addresses the following school health services?

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| immunizations | CI Yes | <input type="checkbox"/> No |
| Administration of first aid | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Health Care needs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dispensing medications | CI Yes | <input type="checkbox"/> No |
| Health screenings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

14. a.) Do you evaluate the effectiveness of your school/district's health services?

- ☐ No ☐ Yes

if so, what methods are used? _____

b.) How often do you evaluate this component?



Component 3: Nutrition Services

Provides access to a variety of nutritious and appealing meals, an environment that promotes healthful food choices, and support for nutrition instruction in the classroom and cafeteria. (e.g. meets the needs of students with *special* nutritional needs, vending machines offer healthy food, in-service nutrition education provided for food service personnel, etc.)

15. Does your school/district have both a breakfast and lunch meal program?

☐ Yes ☐ No, only lunch

16. Does the food service program in your school/district implement the USDA dietary guidelines?

☐ Yes ☐ No

17. a.) Are the school cafeterias and kitchens used for field trips and student learning laboratories?

☐ Yes ☐ No

b.) If no, would your school/district be willing to permit this?

☐ Yes ☐ No

18. a.) Do the food service directors in your school/district act as a resource for supplemental nutrition education?

☐ Yes ☐ No

b.) If no, would they be willing to?

☐ Yes ☐ No

19. Do vending machines in school buildings offer healthful foods such as fruit, fruit juices or yogurt?

☐ Yes ☐ No

20. a.) Do you evaluate your school/district's nutrition services?

☐ Yes ☐ No

If so, what methods are used?

b.) How often do you evaluate this component?

Component 4: Healthy School Environment

Addresses both the physical and psychosocial climate of the school. (e.g. emergency procedures for bomb scares, natural disasters, etc.; policies and procedures on tobacco use; sanitation, lighting, noise control, etc.)

21. Does your school/district have a written tobacco-free policy which includes both smoking and smokeless tobacco?

☐ No policy at all
☐ No, policy includes only smoking tobacco
☐ Yes, for students only
☐ Yes, for staff only
☐ Yes, for both students and staff

22. Does your school/district have a written drug-free policy?

☐ No policy at all
☐ Yes, for students only
☐ Yes, for staff only
☐ Yes, for both students and staff



23. Does your school/district have a written policy for the reporting of accidental injury?

☐ Yes ☐ No

24. a.) Does your school/district have designated staff in each building who have been trained to administer first aid?

☐ Yes ☐ No

b.) Designated staff trained to administer CPR?

☐ Yes ☐ No

25. Are all staff who are designated to administer first aid also CPR certified?

☐ Yes ☐ No

26. Does your school/district have a written policy that includes the handling/disposing of body fluids?

☐ Yes ☐ No

27. Are your school/district's playground and sports equipment regularly inspected for safety hazards?

☐ Yes ☐ No

28. Is your school/district free of asbestos and other toxic agents?

☐ Yes ☐ No

29. Does your school/district have a written Emergency/ Disaster Plan?

☐ Yes ☐ No

30. a.) Do you evaluate the effectiveness of your school/district's healthy environment policies and practices?

☐ Yes ☐ No

If so, what methods are used?

b.) How often do you evaluate this component?

Component 5:

Counseling, Psychological, and Social Services

Includes school-based interventions and referrals to community providers. (e.g. interaction with students concerning divorce, substance abuse, career plans; Problem-solving training; peer helper programs, etc.)

31. What is the counselor/student ratio in your school/district?

32. What are the top three primary responsibilities of counselors in your school/district? (Please list below)



33. Does your school/district have a student assistance program with counselor involvement?

- ☐ Yes ☐ Yes, counselor not involved
☐ No

34. Have student leaders in your school/district been trained and organized to provide peer counseling?

- ☐ Yes ☐ No

35. a.) Do you evaluate the effectiveness of your school/district's counseling, psychological, and social services?

- ☐ Yes ☐ No

If so, what methods are used?

b.) How often do you evaluate this component?

Component 6: Physical Education

Planned, sequential, K- **12** curriculum promoting physical **fitness** and activities that all students can enjoy and pursue throughout their lives. (e.g. includes **lifetime** physical activities such as tennis, swimming, individual exercise, **etc.**)

36. How many high school physical education credits does your school/district require for graduation?

- ☐ None ☐ 2 credits
☐ 4 credits ☐ 1 credits
☐ 3 credit ☐ Other _____

37. How many minutes per week are elementary and junior high/middle school students in your school/district required to take physical education classes?

Elementary

- ☐ No requirements
☐ Requires minutes/week

What grade(s)? _____

Middle School/Jr. High (7th & 8th grade)

- ☐ No requirements
☐ Requires minutes/week

What grade(s)? _____

38. Are separate courses in adaptive physical education offered to children with special health care needs?

- ☐ Yes ☐ No, children are mainstreamed.

39. Does your school/district have a written Physical Education Curriculum Guide?

- ☐ Yes ☐ No

40. a.) Do you evaluate the effectiveness of your school/district's physical education curriculum?

- ☐ Yes ☐ No

If so, what methods are used?

b.) How often do you evaluate the curriculum?



Component 7: Staff Health Promotion

Provides health assessments, education, and fitness activities for faculty and staff, and encourages their greater commitment to promoting students' health by becoming positive role models. (e.g. exercise classes, routine health screenings, *stress* management classes, *counseling services*, etc.)

41. Does your school/district have a **wellness** program for faculty and staff that includes any of the activities below? Check all that apply.

- ☐ health screenings
- ☐ computerized health risk appraisals
- ☐ fitness, aerobics, walking
- ☐ nutrition/weight management
- ☐ stress management
- ☐ smoking cessation
- ☐ drug/alcohol abuse prevention
- ☐ health awareness presentations
- ☐ other _____
- ☐ none of those listed

42. Does your school/district have an employee assistance program (EAP) for faculty and staff? (e.g. assistance in dealing with problems such as: marital, family, stress, **financial**, parenting, etc.)

- ☐ Yes ☐ No

43. Does your school/district have a written absenteeism policy that rewards coming to work instead of taking days off?

- ☐ Yes ☐ No

44. Are the health needs of your school/district faculty and staff assessed?

- ☐ Yes. ☐ No

If so, how often?

45. a.) Do you evaluate the effectiveness of your school/district's staff health promotion program?

- ☐ Yes ☐ No

if so, what methods are used?

b.) How often do you evaluate this component?

Component 8: School, Community and Parent Involvement

Engages a wide range of resources and support to cooperatively focus attention on student health issues. (e.g. *school buildings* available as sites *for* recreation, *services* and community activities outside school hours; *students have* opportunities to engage in community *service*; *parent education programs on health topics are routine/y offered, etc.*)

46. Does your school/district currently have a school health advisory council?

- ☐ No ☐ Yes

If yes, what individuals are represented?

- ☐ health educators
- ☐ school administration
- ☐ health services (school nurses, doctors, etc.)
- ☐ physical educators
- ☐ food service staff
- ☐ parents
- ☐ guidance and counseling staff
- ☐ students
- ☐ community health personnel
- ☐ city officials
- ☐ other _____

Coordinated School Health Program Assessment *(continued)*



Is this health advisory council specifically set-up for school health issues?

☐ Yes ☐ No

If no, what other issues does the council deal with?

47. Does your school/district sponsor health education programs for parents?

☐ No ☐ Yes

If yes, what topics?

How often?

How were needs assessed?

48. a.) Do you evaluate community and parent involvement regarding student health issues?

☐ Yes ☐ No

If so, what methods are used?

b.) How often do you evaluate this component?

Supplemental Question

49. What do you perceive to be your greatest barriers to fully implementing Coordinated (Comprehensive) School Health Programs? Check all that apply.

Lack of Resources

- ☐ Textbooks
- ☐ Models
- ☐ Audiovisual material
- ☐ Computer software
- ☐ Curriculum guides
- ☐ Other (please specify) _____

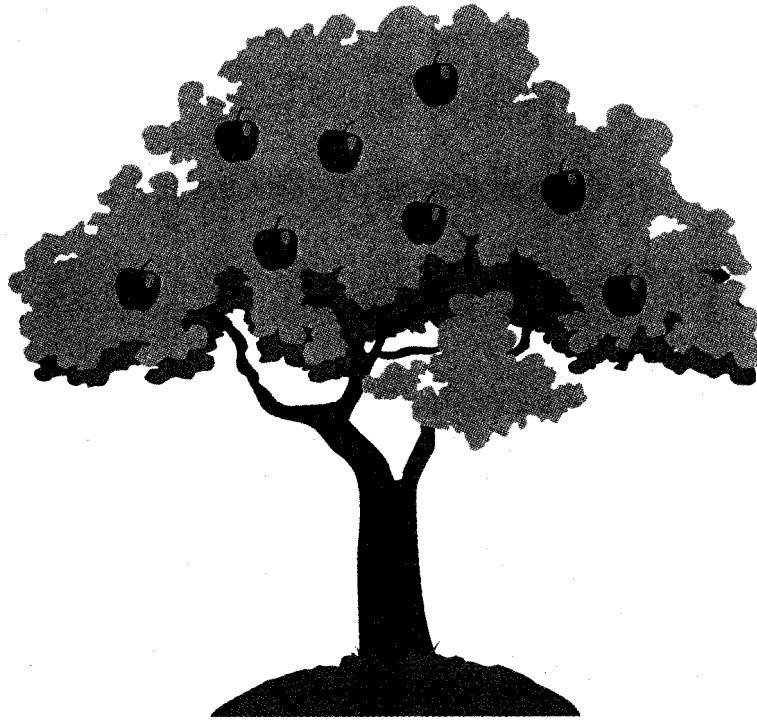
Lack of School Personnel

- ☐ Health education specialist
- ☐ Nurse
- ☐ Counselor
- ☐ Physical education teacher
- ☐ School food service staff

Lack of Workshops/In-Service Training for Personnel

- ☐ Classroom teachers
- ☐ School nurses
- ☐ Physical education teachers
- ☐ Counselors
- ☐ Food service staff
- ☐ Other (please specify) _____

Other (please specify)



COORDINATED SCHOOL HEALTH PROGRAM

Missouri Coordinated School Health Coalition

The following information can be used for handouts or overheads in a presentation about a **Coordinated School Health Program**.

Presentation Notes

Preventable Health Risk Behaviors

Once, the major health risks children faced were diseases such as tuberculosis, diphtheria, whooping cough, measles, mumps, and rubella. In recent decades that has changed. Most of today's risks have their roots in social, behavioral, or environmental conditions. Many of the risks that account for most of the serious illnesses and premature death in the US are preventable.

Uncoordinated System

Most schools have some programs in place to address children's health. But few have integrated or coordinated those elements. More often their efforts look something like this.

Coordinated School Health Program

A coordinated approach to school health enlists all the resources of a school and its community to improve students' health and learning and organizes them so they work together in a systematic way.

Coordinated School Health Program Components

A Coordinated School Health Program has eight components. They strengthen each other when they are coordinated. For example: Health education teachers are sensitive to student concerns and behaviors and refer students to health services or mental health personnel. Nutrition services staff work with teachers to use the school cafeteria as a learning laboratory to reinforce lessons taught in the classroom. School health promotion program invites parents to join staff in fitness or smoking cessation program.

Sample Situation Activity

All schools have implemented some aspect of a coordinated school health program. But it takes a fully functioning coordinated school health program in which the components are developed and integrated and supported by the community, to best meet the needs of students, their families, and school staff.

The Situation Activity gives participants a chance to apply their understanding of each coordinated school health component to a problem at school. Reproduce the Sample Situation Activity form. Before the presentation or with input from presentation participants, write an individual or schoolwide problem (e.g. anorexia, tobacco use, underage drinking, frequent absences) in the center of the form. Divide into groups of 8. Distribute a copy of the form to each group. Also distribute an envelope with slips of paper with the name of each of the components. Each group member draws a slip and assumes the role of that component. Group members then discuss how they can work together to address the problem in the center box. They then write in their section their contribution to the solution. Each group could then be asked to report their ideas to the whole group.

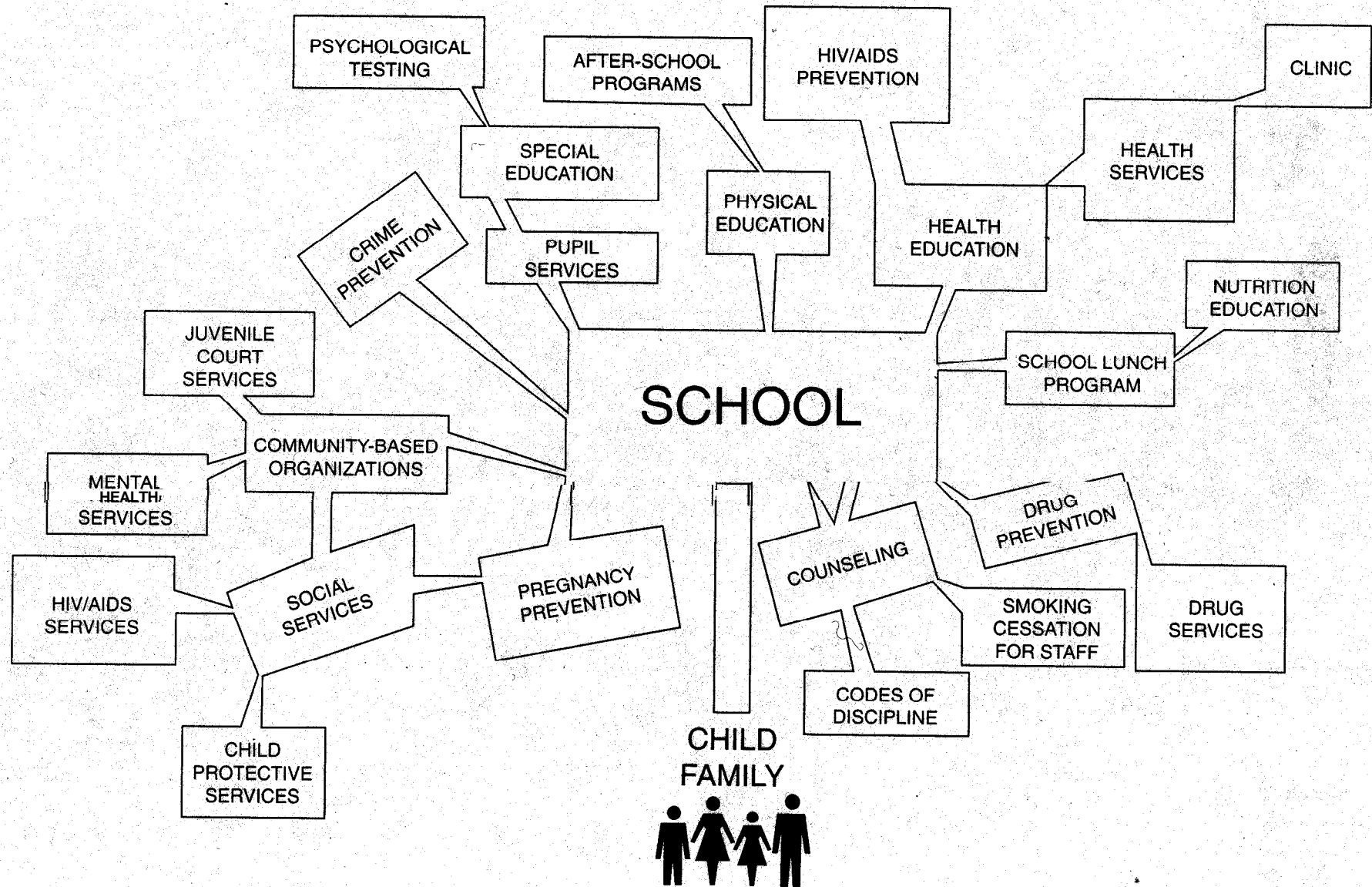
Positive Outcomes

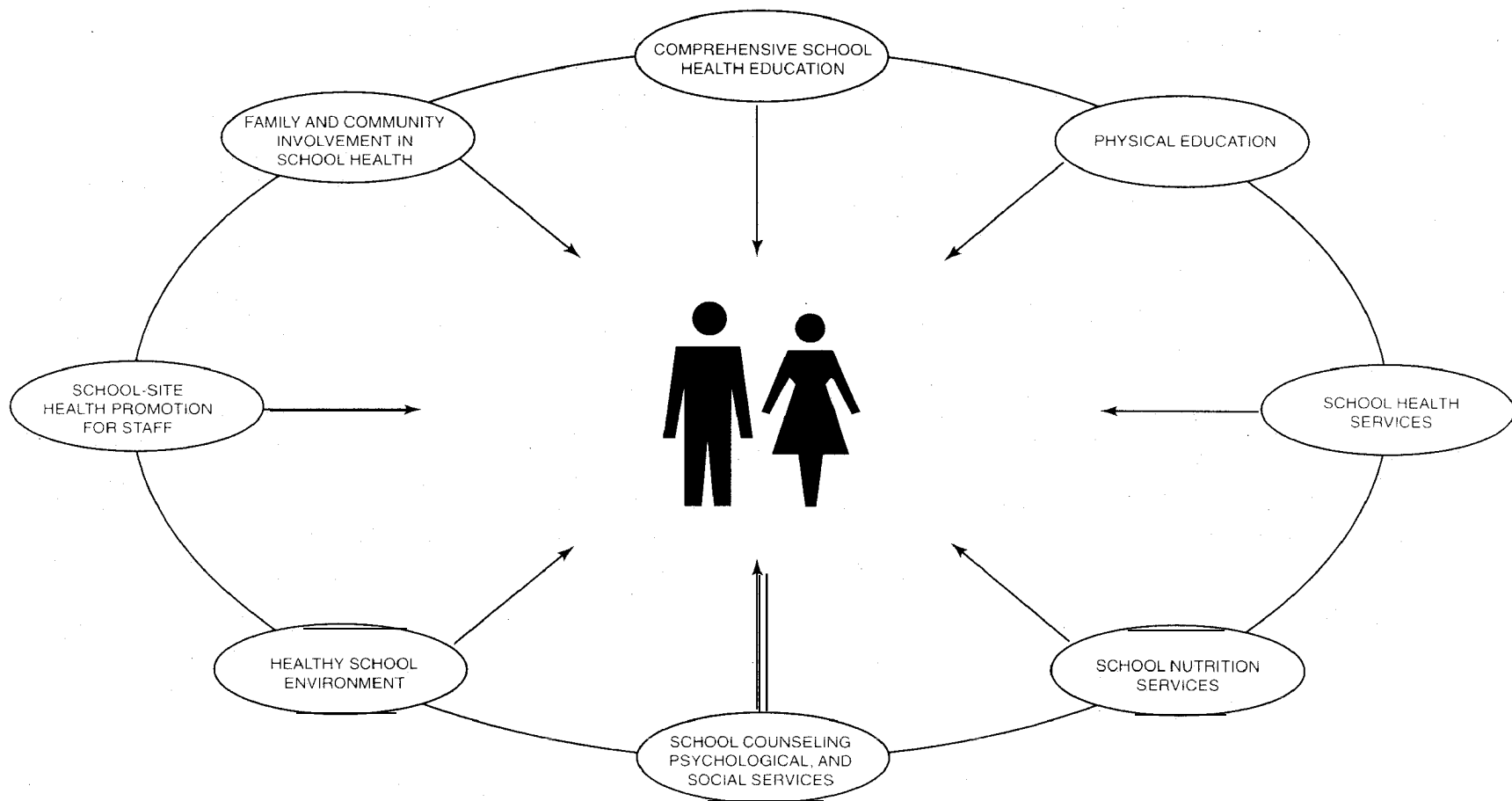
No research data currently exists to demonstrate the extent to which a coordinated approach to school health improves student health and learning. However, the potential for cumulative gain seems apparent when one looks at the positive outcomes of some of the individual components.

PREVENTABLE HEALTH RISK BEHAVIORS

- Tobacco use
- Poor eating habits
- Alcohol and other drug use
- Behaviors that result in intentional or unintentional injury
- Physical inactivity
- Sexual behaviors that result in HIV infection, other sexually transmitted diseases, or unintended pregnancy

An Example of an Uncoordinated System





Coordinated School Health Program Components

Comprehensive School Health Education

Students learn how to improve their health and prevent disease by developing skills and knowledge that can help them stay healthy.

Physical Education

Students can develop skills to become and remain physically fit throughout their lives.

Health Services

Students can discuss health concerns, health problems can be identified and, if necessary, be referred to school or community services.

Nutrition Services

Students are offered healthy, appealing foods, reinforcing classroom instruction on nutrition.

Counseling, Psychological, and Social Services

Students have access to support and services that help to develop healthy attitudes and behaviors and prevent or address problems, that affect their mental or emotional health.

Healthy School Environment

The school offers a positive physical, emotional, and social climate that provides a safe physical plant and a safe, supportive environment that fosters learning.

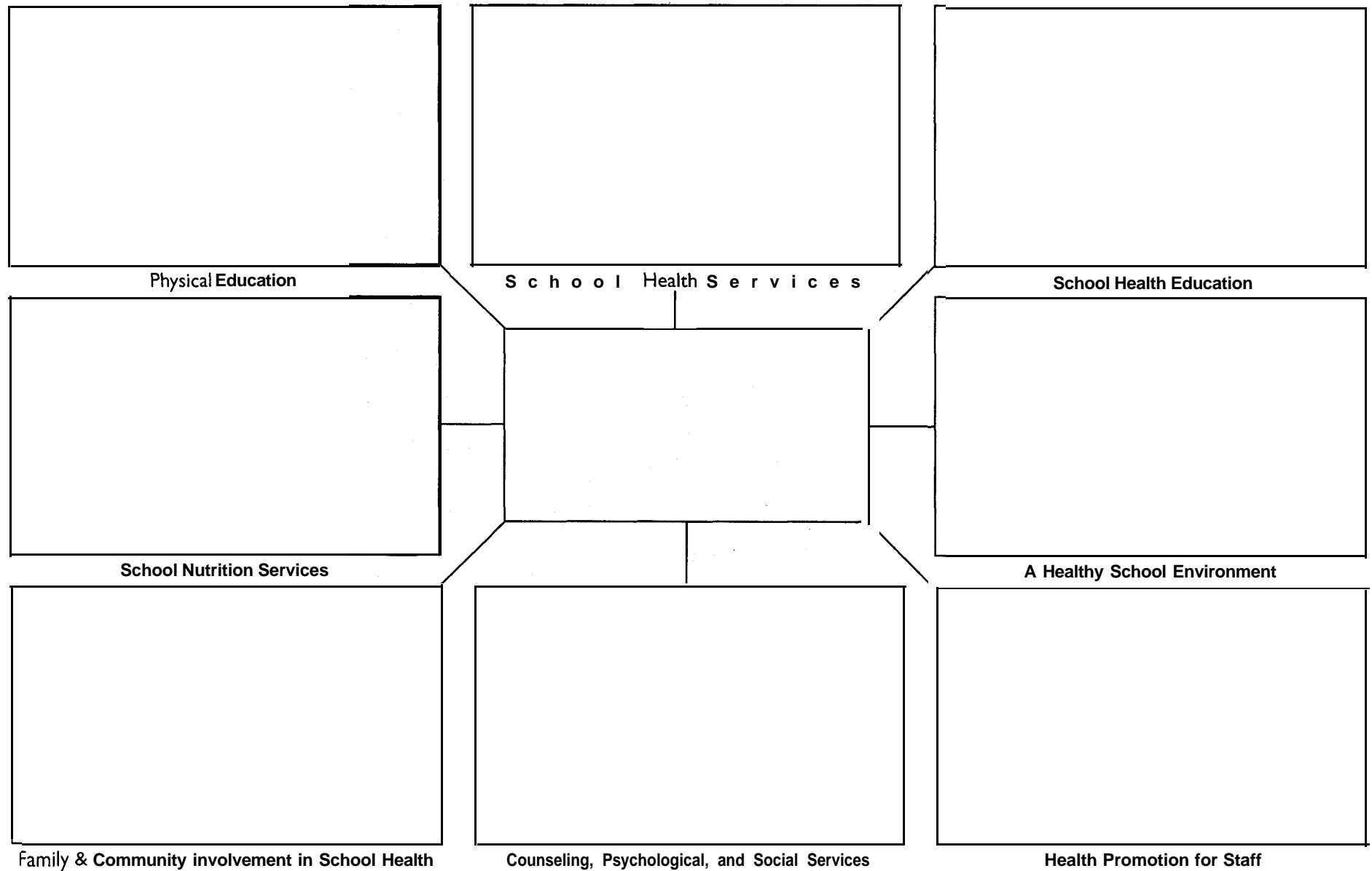
Health Promotion for Staff

School helps staff maintain and improve their health, which can decrease absenteeism and improve morale. At the same time, school staff can serve as role models for students.

Family and Community Involvement

When families work with the school and community, they support learning and reinforce positive school experiences

Sample Situation Activity



Coordinated School Health Program


Positive Outcomes

- School health education has been shown to not only change students' health behaviors and attitudes but also has been shown to be a cost effective way to promote health and prevent disease.
- The availability of school-based health centers has been shown to increase student attendance at school and reduce suspensions and dropout rates.
- Positive or negative school environments have been shown to either support or undermine student learning.
- Teachers participating in school-site health promotion programs have higher morale and fewer absences.
- Student nutrition services have been associated with improved students' scores on standardized tests.
- The benefits of family involvement are well-known to school administrators; among other positive effects, family involvement can increase students' adoption of healthy behaviors.

Missouri Coordinated School Health Coalition

The Missouri Coordinated School Health Coalition developed the Guide for School Health Advisory Councils to assist local school districts. The Coalition was formed in 1995 following the Governor's Summit on Comprehensive School Health. The 72 members of the Coalition represent 57 state agencies and organizations in a statewide partnership advocating for coordinated school health programs.

- American Academy of Pediatric, Missouri Chapter
- American Cancer Society, Heartland Division
- American Diabetes Association
- American Heart Association, Heartland Affiliate
- American Lung Association of Western MO
- Archdiocese of St. Louis
- Children's Trust Fund
- Citizens for Missouri's Children
- Epilepsy Foundation for the Heart of America
- Family Investment Trust
- Fredericktown R-I School District
- Governor's Council on Physical Fitness & Health
- Hannibal School District
- Jefferson City School District
- Kansas City Missouri Health Department
- Ewing Marion Kauffman Foundation
- Lincoln University
- The Lutheran Church-Missouri Synod.
- Missouri Association for Community Action
- Missouri Association for Health, Physical Education, Recreation & Dance
- Missouri Association of Community Task Forces
- Missouri Association of Elementary School Principals
- Missouri Association of School Nurses
- Missouri Association of Secondary School Principals
- Missouri Coalition for Primary Health Care
- Missouri Council for American Private Education
- Missouri Dental Association
- Missouri Department of Elementary and Secondary Education
 - Division of School Services
 - School Food Services Section
 - Division of Instruction
 - Curriculum Section
 - Federal Programs Assistance Section
 - Division of Special Education
 - Caring Communities Section
- Missouri Department of Health
 - Division of Maternal, Child & Family Health
 - Bureau of Dental Health
 - Bureau of Nutrition & Child Care Programs
 - Division of Chronic Disease Prevention & Health Promotion
 - Bureau of Health Promotion
- Missouri Department of Mental Health
 - Division of Alcohol & Drug Abuse
- Missouri Department of Public Safety
 - Division of Highway Safety
- Missouri Department of Social Services
 - Division of Medical Services
- Missouri Family Health Council
- Missouri Federation of Parents for Drug Free Youth
- Missouri 4-H Youth Development Program
- Missouri Hospital Association
- Missouri juvenile Justice Association
- Missouri League for Nursing
- Missouri NEA Missouri Nurses Association
- Missouri Optometric Association
- Missouri Perinatal Association
- Missouri Pork Producers Association
- Missouri School Boards Association
- Missouri Soybean Association
- Missouri State High School Activities Association
- Missouri State Medical Association
- Pan Educational Institute
- ParentLink
- Parents As Teachers National Center, Inc.
- Parkway School District
- Penrose Family Center
- St. Louis Area Pediatric Nurse Associates and Practitioners
- St. Louis District Dairy Council
- SPEAS Foundation
- Truman State University
- University of Missouri Outreach & Extension



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